

VOUCHER IS LOCATED AT THE BOTTOM OF THIS PAGE

K-150V
(Rev 7/06)

FOR OFFICE USE ONLY

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**2006 KANSAS
FRANCHISE TAX VOUCHER**

For the taxable year beginning _____ ending _____

Name		
Number and Street or Principal Office		
City, Town, or Post Office	State	Zip Code
Name of Contact Person		Phone Number

Employer
Identification
Number

Name or
Address
Change

Extension
Payment

Make check or money order payable to: Kansas Franchise Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

PAYMENT
AMOUNT \$

680206